

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 6
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) National Rifle Association of America Political Victory Fund		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00053553 </div>
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Starboard Strategic, Inc.		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 23 / 2014</div> </div>	
Mailing Address 705 Melvin Avenue, #105		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">158873.75</div>	
City State Zip Code Annapolis MD 21401	Transaction ID : 61846471 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure TV Advertising	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Alison Grimes	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: KY Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Starboard Strategic, Inc.		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 09 / 23 / 2014</div> </div>	
Mailing Address 705 Melvin Avenue, #105		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">389927.75</div>	
City State Zip Code Annapolis MD 21401	Transaction ID : 61846472 Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure TV Advertising	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Sen. Mary Landrieu	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">0.00</div>		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: LA Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">548801.50</div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mary Rose Adkins

[Electronically Filed]

Date

MM / DD / YYYY
09 / 25 / 2014

Signature